

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

3827

**FORM C/OH
COVER SHEET PG 1**

<p>— The C/OH INSTRUCTION GUIDE explains how to complete this form.</p>		<p>1 ACCOUNT # (Ethics Commission filers)</p>	<p>2 Total pages filed:</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>TITLE</p> <p>FIRST <i>SUE</i></p> <p>NICKNAME</p> <p>LAST <i>RAINE</i></p>	<p>MI <i>H</i></p> <p>SUFFIX</p>	<p>OFFICE USE ONLY</p> <p>FILED</p> <p>FEB 9 4 04 PM '98</p> <p>DATA SERVICES DIV COUNTY CLERK TRAVIS COUNTY, TEXAS</p>
<p>4 CANDIDATE / OFFICEHOLDER ADDRESS</p> <p><input type="checkbox"/> Change of Address</p>	<p>ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE</p> <p><i>4815 SWICEWOOD SPRINGS RD JUSTIN TX 78759</i></p>		
<p>5 CAMPAIGN TREASURER NAME</p>	<p>TITLE</p> <p>FIRST <i>SUE</i></p> <p>NICKNAME</p> <p>LAST <i>RAINE</i></p>	<p>MI <i>A</i></p> <p>SUFFIX</p>	<p>Receipt #</p> <p>HD / PM</p> <p>Date Processed</p>
<p>6 CAMPAIGN TREASURER ADDRESS (Residence or business)</p>	<p>STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE</p> <p><i>SAME AS ABOVE</i></p>		
<p>7 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE</p> <p>PHONE NUMBER</p> <p>EXTENSION</p> <p><i>(512) 342-0999</i></p>		
<p>8 REPORT TYPE</p>	<p><input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officaholder only)</p> <p><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)</p>		
<p>9 PERIOD COVERED</p>	<p>Month Day Year THROUGH Month Day Year</p> <p><i>1/16/98 2/10/98</i></p>		
<p>10 ELECTION</p>	<p>ELECTION DATE</p> <p>Month Day Year</p> <p><i>3/10/98</i></p>	<p>ELECTION TYPE</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special</p>	
<p>11 OFFICE</p>	<p>OFFICE HELD (if any)</p>	<p>12 OFFICE SOUGHT (if known)</p> <p><i>TRAVIS COUNTY JUDGE COMMISSIONER CLERK</i></p>	
<p>13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS</p> <p><input type="checkbox"/> additional pages</p>	<p>.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..</p> <p>Name <i>NONE</i></p> <p>Address / PO Box: Apt / Suite #: City: State: Zip Code</p>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

SUE A. RAINE

15 ACCOUNT # (Ethics Commission files)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

-- This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

NONE

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 NO REPORTABLE
ACTIVITY

Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

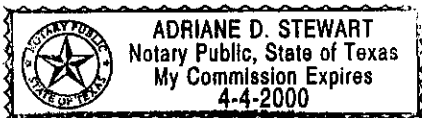
OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT

I swear, or affirm, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Sue A. Raine
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sue A. Raine, this the 9th day of February, 19 98, to certify which, witness my hand and seal of office.

Adriane D. Stewart
Signature of officer administering oath

Print name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule G: _____
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2 FILER NAME SUE A. RAINE	3 ACCOUNT # (Ethics Commission files) _____
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4 Date 1/2/98	5 Payee name SUE A. RAINE	6 Amount (\$) 1,000	
	6 Payee address; City; State; Zip Code 4515 Spicewood Springs Rd Houston TX 78759		
	7 Purpose of expenditure FILING FEE FOR CANDIDACY		<input checked="" type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)	
	Payee address; City; State; Zip Code		
	Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)	
	Payee address; City; State; Zip Code		
	Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)	
	Payee address; City; State; Zip Code		
	Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

Date	Payee name	Amount (\$)	
	Payee address; City; State; Zip Code		
	Purpose of expenditure		<input type="checkbox"/> Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED